

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 26 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate John O. Reed
Address 2396 Robert Hiram Gantier, MS 39553
Telephone 228-497-9852 Fax SAME
Contact Name _____ Email h112@bcsouth.net
Office Sought House of Rep (ms) Dist 12 Political Party Rep

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$4,300 + \$402	\$ 4,702	\$ 4,702
Total amount of disbursements	\$ + \$	\$	\$ 4652.88
Total amount of cash on hand		\$ 44 ¹²	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate John O. Reed

Date 01/26/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

John O. READ

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of

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Reporting period

01/01/10

through

12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Association Home Care		12/3/10	\$ 300
Mailing Address P.O. Box 24017		1/1/10	\$
City, State, Zip Code JACKSON, MS 39201		1/1/10	\$
Name of Employer (Required) Bobby Madlen		1/1/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 300
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chervon USA		9/13/10	\$ 1,000
Mailing Address P.O. Box 1300		1/1/10	\$
City, State, Zip Code Pascagoula, MS		1/1/10	\$
Name of Employer (Required) Steve Kenfroe		1/1/10	\$
Occupation (Required) Gov. Relations		Aggregate year-to-date	\$ 1,000
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name ASTRA-ZENPCA		6/16/10	\$ 400
Mailing Address Adriana Spencer		1/1/10	\$
City, State, Zip Code 7516 Jeanette NOLA 70118		1/1/10	\$
Name of Employer (Required) Adrian Spencer		1/1/10	\$
Occupation (Required) Gov. Relations		Aggregate year-to-date	\$ 400
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name H & T		8/16/10	\$ 200
Mailing Address 1756 Capital St		1/1/10	\$
City, State, Zip Code JACKSON, MS 39201		1/1/10	\$
Name of Employer (Required) Randy Russell		1/1/10	\$
Occupation (Required) Gov. Relation		Aggregate year-to-date	\$ 200

Name of Candidate or Committee John O. Read
 Reporting period 01/01/10 through 12/31/10

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		8/23/10	\$ 200
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 200
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/12/10	\$ 250
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		8/18/10	\$ 500
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		8/12/10	\$ 200
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 200

Name of Candidate or Committee

John A. Reno

Reporting period

01/01/10

through

12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Walgreen</u>		<u>12/1/10</u>	\$ <u>500</u>
Mailing Address <u>104 Wilmet Rd</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Deerfield IL 60015</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>Angela Hoover</u>		<u>1/1/10</u>	\$
Occupation (Required) <u>Star Relations</u>		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Legacy Apparel</u>		<u>12/30/10</u>	\$ <u>500</u>
Mailing Address <u>Capital St</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>Star Flying</u>		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>		<u>12/31/10</u>	\$ <u>250</u>
Mailing Address		<u>1/1/10</u>	\$
City, State, Zip Code <u>Benton Ridge Ln</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>Geo. Pacific</u>		<u>1/1/10</u>	\$
Occupation (Required) <u>Geo. Relations</u>		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/10</u>	\$
Mailing Address		<u>1/1/10</u>	\$
City, State, Zip Code		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

John O. READReporting period 01/04/10through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>J&J Advertisement</u>	<u>4/1/10</u>	\$ <u>869.38</u>
Mailing Address		
<u>Hardy St</u>	<u>8/1/10</u>	\$ <u>340.00</u>
City, State, Zip Code		
<u>Hattiesburg, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1209.38</u>
<u>Label for, for pay, pencils</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>W KRY</u>	<u>4/1/10</u>	\$
Mailing Address		
<u>Old Mobile Hwy</u>	<u>1/1/10</u>	\$
City, State, Zip Code		
<u>PASCAGOULA, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>898.00</u>
<u>TV. Add. (Footsail)</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Cellular South</u>	<u>1/1/10</u>	\$
Mailing Address		
<u>Meadeville, MS</u>	<u>12/1/10</u>	\$
City, State, Zip Code		
<u>Phone bill (12 month)</u>	Aggregate Year-to-date	\$ <u>1,380.00</u>
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Gautier Dog out Club</u>	<u>9/1/10</u>	\$
Mailing Address		
<u>Gautier, MS</u>	<u>1/1/10</u>	\$
City, State, Zip Code		
<u>Field Sign</u>	Aggregate Year-to-date	\$ <u>600.00</u>
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Vandœuvre Dogout Club</u>	<u>9/1/10</u>	\$
Mailing Address		
<u>Hwy 57</u>	<u>1/1/10</u>	\$
City, State, Zip Code		
<u>Vandœuvre, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600.00</u>
<u>Field Sign</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/10</u>	\$
Mailing Address		
	<u>1/1/10</u>	\$
City, State, Zip Code		
	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$